



Docket No.: 1906-0128P  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Miroslaw Z. BOBER

Application No.: 09/559,415

Confirmation No.: 1497

Filed: April 26, 2000

Art Unit: 2162

For: METHOD AND APPARATUS FOR  
REPRESENTING AND SEARCHING FOR AN  
OBJECT USING SHAPE

Examiner: Baoquoc N. To

**FORMAL REQUEST FOR IN-PERSON INTERVIEW WITH THE EXAMINER IN  
CHARGE**

MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Pursuant to the filing of the attached Request for Continued Examination, on September 10, 2007, the Examiner is also respectfully requested to defer any substantive examination of the claims as amended and filed herewith, until after such time as a in-person interview is conducted to discuss the current status of the pending claims.

If this official request is received by the Examiner in charge in advance of Applicant's representative contacting the Examiner to schedule a mutually convenient appointment, the

Examiner is respectfully asked to contact Applicant's representative at the telephone number listed below to schedule the in-person interview.

Dated: September 10, 2007

Respectfully submitted,

By  46463

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Registration No.: 29,680

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PTO/SB/17 (07-07)

Approved for use through 06/30/2010. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b>	
		Application Number	09/559,415-Conf. #1497
		Filing Date	April 26, 2000
		First Named Inventor	Mirosław Z. BOBER
		Examiner Name	Baoquoc N. To
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2162	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 2,380.00	Attorney Docket No.	1906-0128P

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 02-2448
Deposit Account Name: Birch, Stewart, Kolasch & Birch,	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>						
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>						
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>	
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0
<b>2. EXCESS CLAIM FEES</b>						
<b>Fee Description</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>				
Each claim over 20 (including Reissues)	50	25				
Each independent claim over 3 (including Reissues)	200	100				
Multiple dependent claims	360	180				
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
14	- 20 =	x	=	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
HP = highest number of total claims paid for, if greater than 20.						
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
2	- 3 =	x	=			
HP = highest number of independent claims paid for, if greater than 3.						
<b>3. APPLICATION SIZE FEE</b>						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
- 100 =	/50 =	(round up to a whole number) x	=			
<b>4. OTHER FEE(S)</b>						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...					790.00	
1254 Extension for response within fourth month					1,590.00	

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	29,680
Name (Print Type)	Michael K. Mutter	Telephone	(703) 205-8000
	WILLIAM TITLOMB	Date	September 10, 2007